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| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION | 1. TRANSMITTAL NUMBER: <u>0 3 — 0 0 3</u> | 2. STATE: HAWAII |
| | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) MEDICAL ASSISTANCE | |
| TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES | 4. PROPOSED EFFECTIVE DATE 08/13/03 | |

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

| | |
|---|---|
| 6. FEDERAL STATUTE/REGULATION CITATION: 42 C.F.R. PARTS 400, 430, 431, 434, 435, 438, 440 AND 447 | 7. FEDERAL BUDGET IMPACT: a. FFY <u>NONE</u> \$ _____ b. FFY _____ \$ _____ |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Text pages 9, 11, 41, 45(a), 45(b), 71, 77 and 78a Attachment 2.2-A, page 10, 10a, and 11 Attachment 4.30, page 2, 3, 4 <i>gm</i> 55 <i>gm</i> Table of Contents from PM 91-4 | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): 1) Text pages 9, 11, 41, 45(a), 45(b), 77 and 78a, 55 <i>gm</i> 2) Attachment 2.2-4, pages 10 and 11 3) Attachment 4.30, page 2 <i>gm</i> 4) Table of Contents from PM 91-4 |


10. SUBJECT OF AMENDMENT:


BALANCED BUDGET ACT

11. GOVERNOR'S REVIEW (Check One):

- ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:
AS APPROVED BY GOVERNOR

| | |
|--|----------------|
| 12. SIGNATURE OF STATE AGENCY OFFICIAL:  | 16. RETURN TO: |
| 13. TYPED NAME: ✓ LILLIAN B. KOLLER, ESQ. | |
| 14. TITLE: DIRECTOR | |
| 15. DATE SUBMITTED: SEP 29 2003 | |

| FOR REGIONAL OFFICE USE ONLY | |
|--|---|
| 17. DATE RECEIVED: September 30, 2003 | 18. DATE APPROVED: <i>Sept 8, 2003</i> |
| PLAN APPROVED - ONE COPY ATTACHED | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: August 13, 2003 | 20. SIGNATURE OF REGIONAL OFFICIAL:  |
| 21. TYPED NAME: Linda Minamoto | 22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health |
| 23. REMARKS: Blocks 8+9: Changes made with concurrence of State. <i>gm</i> | |

LIST OF ATTACHMENTS

| <u>No.</u> | <u>Title of Attachments</u> |
|------------|---|
| *1.1-A | Attorney General's Certification |
| *1.1-B | Waivers under the Intergovernmental Cooperation Act |
| 1.2-A | Organization and Function of State Agency |
| 1.2-B | Organization and Function of Medical Assistance Unit |
| 1.2-C | Professional Medical and Supporting Staff |
| 1.2-D | Description of Staff Making Eligibility Determination |
| *2.2-A | Groups Covered and Agencies Responsible for Eligibility Determinations |
| | * Supplement 1 - Reasonable Classifications of Individuals under the Age of 21, 20, 19 and 18 |
| | * Supplement 2 - Definitions of Blindness and Disability (Territories only) |
| | * Supplement 3 - Method of Determining Cost Effectiveness of Caring for Certain Disabled Children at Home |
| *2.6-A | Eligibility Conditions and Requirements (<u>States Only</u>) |
| | * Supplement 1 - Income Eligibility Levels – Categorically Needy, Medically Needy and Qualified Medicare Beneficiaries |
| | * Supplement 2 - Resource Levels – Categorically Needy, Including Groups with Incomes Up to a Percentage of the Federal Poverty Level, Medically Needy, and other Optional Groups |
| | * Supplement 3 - Reasonable Limits on Amounts for Necessary Medical or Remedial Care Not Covered under Medicaid |
| | * Supplement 4 - Section 1902(f) Methodologies for Treatment of Income that Differ from those of the SSI Program |

* Forms Provided

TN No. 03-003
 Supersedes
 TN No. 92-01

Approval Date: MAR 2 2004 Effective Date: AUG 13 2003

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State/Territory: HAWAII

Citation:
42 CFR
431.12(b)
AT-78-90

1.4 State Medical Care Advisory Committee

There is an advisory committee to the Medicaid agency director on health and medical care services established in accordance with and meeting all the requirements of 42 CFR 431.12.

42 CFR 438.104

X

The State enrolls recipients in MCO, PIHP, PAHP, and/or PCCM programs. The State assures that it complies with 42 CFR 438.104(c) to consult with the Medical Care Advisory Committee in the review of marketing material.

TN No. 03-003

Supersedes

TN No. 74-9

Approval Date: MAR 2 2004

Effective Date:

AUG 13 2003

Revision: HCFA-PM- (MB)

State/Territory: HAWAII

- Citation: 2.1(b) (1) Except as provided in items 2.1(b)(2) and (3) below, individuals are entitled to Medicaid services under the plan during the three months preceding the month of application, if they were, or on application would have been, eligible. The effective date of prospective and retroactive eligibility is specified in Attachment 2.6-A.
- 42 CFR 435.914
1902(a)(34) of
the Act
- 1902(e)(8) and (2) For individuals who are eligible for Medicare cost-sharing expenses as qualified Medicare beneficiaries under section 1902(a)(10)(E)(i) of the Act, coverage is available for services furnished after the end of the month which the individual is first determined to be a qualified Medicare beneficiary. Attachment 2.6-A specifies the requirements for determination of eligibility for this group.
- 1905(a) of the
Act
- 1902(a)(47) and (3) Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act. Attachment 2.6-A specifies the requirements for determination of eligibility for this group.
- 1920 of the Act

TN No. 03-003
Supersedes
TN No. 94-015

Approval Date: MAR 2 2004 Effective Date:AUG 13 2003

New: HCFA-PM-99-3
JUNE 1999

State/Territory: HAWAII

Citation:

42 CFR 431.51
AT 78-90
46 FR 48524
48 FR 23212
1902 (a)(23)
P.L.100-93
(section 8(f))
P.L.100-203
(section 4113)

4.10 Free Choice of Provider

- (a) Except as provided in paragraph (b), the Medicaid agency assures that an individual eligible under the plan may obtain Medicaid services from any institution, agency, pharmacy person, or organization that is qualified to perform the services, including of the Act an organization that provides these services or arranges for their availability on a prepayment basis.
- (b) Paragraph (a) does not apply to services furnished to an individual —
- (1) Under an exception allowed under 42 CFR 431.54, subject to the limitations in paragraph (c), or
 - (2) Under a waiver approved under 42 CFR 431.55, subject to the limitations in paragraph (c), or
 - (3) By an individual or entity excluded from participation in accordance with section 1902(p) of the Act,
 - (4) By individuals or entities who have been convicted of a felony under Federal or State law and for which the State determines that the offense is inconsistent with the best interests of the individual eligible to obtain Medicaid services, or
 - (5) Under an exception allowed under 42 CFR 438.50 or 42 CFR 440.168, subject to the limitations in paragraph (c).
- (c) Enrollment of an individual eligible for medical assistance in a primary care case management system described in section 1905(t), 1915(a), 1915(b)(1), or 1932(a); or managed care organization, prepaid inpatient health plan, a prepaid ambulatory health plan, or a similar entity shall not restrict the choice of the qualified person from whom the individual may receive emergency services or services under section 1905(a)(4)(c).

Section
1902(a)(23) of
the Social
Security Act
P.L. 105-33

Section
1932(a)(1)
Section 1905(t)

TN No. 03-003

Supersedes

TN No. 92-12

Approval Date: MAR 2 2004 Effective Date: AUG 13 2003

Revision: HCFA-PM-91-9
October 1991

OMB No.:

State/Territory: HAWAII

Citation:
1902(a)(58)
1902(w)

4.13 (e) For each provider receiving funds under the plan, all the requirements for advance directives of section 1902(w) are met:

- (1) Hospitals, nursing facilities, providers of home health care or personal care services, hospice programs, managed care organizations, prepaid inpatient health plans, prepaid ambulatory health plans (unless the PAHP excludes providers in 42 CFR 489.102), and health insuring organizations are required to do the following:
 - (a) Maintain written policies and procedures with respect to all adult individuals receiving medical care by or through the provider or organization about their rights under State law to make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment and the right to formulate advance directives.
 - (b) Provide written information to all adult individuals on their policies concerning implementation of such rights;
 - (c) Document in the individual's medical records whether or not the individual has executed an advance directive;
 - (d) Not condition the provision of care or otherwise discriminate against an individual based on whether or not the individual has executed an advance directive;
 - (e) Ensure compliance with requirements of State Law (whether

TN No. 03-003

Supersedes

TN No. 91-22

Approval Date: MAR 2 2004 Effective Date: AUG 13 2003

Revision: HCFA-PM-91-9
October 1991

OMB No.:

State/Territory: HAWAII

statutory or recognized by the courts)
concerning advance directives; and

- (e) Provide (individually or with others) for education for staff and the community on issues concerning advance directives.

- (2) Providers will furnish the written information described in paragraph (1)(a) to all adult individuals at the time specified below:

- (a) Hospitals at the time an individual is admitted as an inpatient.
- (b) Nursing facilities when the individual is admitted as a resident.
- (c) Providers of home health care or personal care services before the individual comes under the care of the provider;
- (d) Hospice program at the time of initial receipt of hospice care by the individual from the program; and
- (e) Managed care organizations, health insuring organizations, prepaid inpatient health plans, and prepaid ambulatory health plans (as applicable) at the time of enrollment of the individual with the organization.

- (3) Attachment 4.34-A describes law of the State (whether statutory or as recognized by the courts of the State) concerning advance directives.

Not applicable. No State law or court decision exist regarding advance directives.

TN No. 03-003

Supersedes

TN No. 91-22

Approval Date: MAR 2 2004

Effective Date:

AUG 13 2003

New: HCFA-PM-99-3
June 1999

State/Territory: HAWAII

Citation: 4.18(b)(2) (Continued)

42 CFR 447.51
through 447.58

(iii) All services furnished to pregnant women.

☐ Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.

(iv) Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution to spend for medical care costs all but a minimal amount of his or her income required for personal needs.

(v) Emergency services if the services meet the requirements in 42 CFR 447.53(b)(4).

(vi) Family planning services and supplies furnished to individuals of childbearing age.

(vii) Services furnished by a managed care organization, health insuring organization, prepaid inpatient health plan, or prepaid ambulatory health plan in which the individual is enrolled, unless they meet the requirements of 42 CFR 447.60.

42 CFR 438.108
42 CFR 447.60

☐ Managed care enrollees are charged deductibles, coinsurance rates, and copayments in an amount equal to the State Plan service cost-sharing.

☒ Managed care enrollees are not charged deductibles, coinsurance rates, and copayments.

1916 of the Act,
P.L. 99-272,
(Section 9505)

(viii) Services furnished to an individual receiving hospice care, as defined in section 1905(o) of the Act.

TN No. 03-003

Supersedes

TN No. 91-25

Approval Date: MAR 2 2004 Effective Date: AUG 13 2003

Revision: HCFA-AT-84-3 (BERC)
01-84

State/Territory: HAWAII

Citation: 4.23 Use of Contracts

42 CFR 434.4
48 FR 54013

The Medicaid agency has contracts of the type(s) listed in 42 CFR Part 434. All contracts meet the requirements of 42 CFR Part 434.

☐ Not applicable. The State has no such contracts.

42 CFR Part 438

The Medicaid agency has contracts of the type(s) listed in 42 CFT Part 438. All contracts meet the requirements of 42 CFR Part 438. Risk contracts are procured through an open, competitive procurement process that is consistent with 45 CFR Part 74. The risk contract is with (check all that apply):

X A Managed Care Organization that meets the definition of 1903(m) of the Act and 42 CFR 438.2.

X A Prepaid Inpatient Health Plan that meets the definition of 42 CFR 438.2.

X A Prepaid Ambulatory Health Plan that meets the definition of 42 CFR 438.2.

 Not applicable.

TN No. 03-003

Supersedes

TN No. 84-11

Approval Date: MAR 2 2004 Effective Date: AUG 13 2003

New: HCFA-PM-99-3
June 1999

State/Territory: HAWAII

Citation: 4.29 Conflict of Interest Provisions

1902(a)(4)(C)
of the Social
Security Act
P.L. 105-33

The Medicaid agency meets the requirements of Section 1902(a)(4)(C) of the Act concerning the prohibition against acts, with respect to any activity under the plan, that is prohibited by section 207 or 208 of title 18, United States Code.

1902(a)(4)(D)
of the Social
Security Act
P.L. 105-33
1932(d)(3)
42 CFR 438.58

The Medicaid agency meets the requirements of 1902(a)(4)(D) of the Act concerning the safeguards against conflicts of interest that are at least as stringent as the safeguards that apply under section 27 of the Office of Federal Procurement Policy Act (41 U.S.C. 423).

TN No. 03-003

Supersedes

TN No. 80-11

Approval Date: MAR 2 2004

Effective Date: AUG 13 2003